

MEDIATION SETTLEMENT AGREEMENT

Department of _____

This Settlement Agreement resolves a dispute between

and _____

regarding _____

This Settlement Agreement provides (attach additional sheets if necessary)

When signed and approved by the parties and/or appropriate authorities, this Settlement Agreement shall be binding upon all parties to the agreement.

By signature below, I acknowledge that I have read, understand, and agree to this Settlement Agreement. I further agree that any and all information received or provided shall be kept confidential.

EMPLOYEE'S SIGNATURE DATE

EMPLOYEE REPRESENTATIVE'S SIGNATURE DATE

MANAGEMENT OFFICIAL'S SIGNATURE DATE

AGENCY REPRESENTATIVE'S SIGNATURE DATE

MEDIATOR'S SIGNATURE DATE